

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/418,161	10/13/99	370	2732 2664	2204/193

APPLICANT

DA-HAI DING, LEXINGTON, MA.

****CONTINUING DOMESTIC DATA*****None*******
VERIFIED

C.G.S

****371 (NAT'L STAGE) DATA*****None*******
VERIFIED

C.G.S

****FOREIGN APPLICATIONS*****None*******
VERIFIED

C.G.S

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>C.G.S</u> Examiner's Initials	MA	17	36	10

ADDRESS

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TITLE

MULTICAST SWITCHING IN A DISTRIBUTED COMMUNICATION SYSTEM

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,724		